

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/31/2012	
NAME OF PROVIDER OR SUPPLIER ROBERT E LEE				STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/31/12</p> <p>Facility Number: 001145 Provider Number: 155616 AIM Number: 200120200</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Robert E. Lee was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility was determined to be of Type V (111) construction with a partial basement and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired</p>		K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>smoke detectors in all resident sleeping rooms. The facility has a capacity of 122 and had a census of 59 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and found in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered except the entrance foyer in resident rooms 10, 11, 12, 13, 14, 15, 16, 17 and 18 and all areas providing facility services were sprinklered except the outside elevator equipment room.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/10/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0038 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 8 of 10 exit accesses supplied with delayed egress locks were provided with an irreversible process to release the lock within 15 seconds upon application of force to the release device, and provided with signs indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lf nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door</p>			K0038	<p>K038 I. A bidhas been obtained and approved to install delayed egress locks on all exitdoors and signage to be posted. II. Allexit doors were assessed and those without delayed egress locks and signagewere identified. All residentshave the potential to be affected by the lack of delayed egress locks andsignage. III. Abid has been obtained and approved to install delayed egress locks on all exitdoors and signage to be posted. The Maintenance Director will supervise installation to assure compliancewith safety code requirements. IV. TheMaintenance Director will oversee the installation of the delayed egress lockson all exit doors and the signage to be posted. The Maintenance Director will assess the locks functionduring fire drills and during testing of the fire safety system. The Maintenance Director will reportthe findings of audits to the Quality Assurance Committee quarterly. V. Completion Date: September30, 2012</p>		09/30/2012

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	<p>lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Exception: Where approved by the authority having jurisdiction, a delay no exceeding 30 seconds shall be permitted.</p> <p>(d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/31/12 during a tour of the facility from 10:00 a.m. to 1:30 p.m. with the maintenance director, the two exits on Hall 4, the two exits on Hall 2, the two exits on Hall 3, and the two main dining room exits which were all equipped with delayed egress locking devices, lacked an irreversible process to release the lock within 15 seconds upon application of force to the release device and were not provided with signs indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This was verified by the maintenance director at the time of observations and acknowledged by the</p>						

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	administrator at the exit conference on 08/31/12 at 1:30 p.m. 3.1-19(b)						

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 2 elevator equipment rooms and 9 of 59 resident rooms were completely sprinklered. This deficient practice affects 18 residents who reside on the Hall 1 on the first floor.</p> <p>Findings include:</p> <p>Based on observations on 08/31/12 during a tour of Hall 1 and the outside elevator equipment rooms from 10:10 a.m. to 11:30 a.m. with the maintenance director, the following locations were not provided with complete sprinkler coverage:</p> <p>a. The outside elevator equipment room near the Administration Hall east exit was not provided with sprinkler coverage.</p> <p>b. Hall 1 resident room 10, 11, 12, 13, 14, 15, 16, 17 and 18 each had a five foot</p>			K0056	<p>K056 I. A bid has been obtained and approved to install sprinkler head in elevator maintenance room. The light fixtures identified in resident rooms 10, 11, 12, 13, 14, 15, 16, 17, and 18 will be removed to allow for full sprinkler coverage. Sprinkler heads in Hall 4 soiled linen room, Main dining room and Dietary Manager's office will be replaced with 160 degree matching sprinkler heads. The sprinkler heads in kitchen will be replaced with 212 degree matching sprinkler heads. II. All areas were assessed for full sprinkler coverage and the same temperature classification. No additional sprinkler issues were identified. All residents have the potential to be affected by the lack of full sprinkler coverage. III. A bid has been obtained and approved to install sprinkler head</p>		09/30/2012

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	<p>by seven foot entrance foyer into each room where the fluorescent light fixtures blocked the nearest sprinkler from providing full coverage into the entrance foyer.</p> <p>The areas listed above not being provided with complete sprinkler coverage was verified by the maintenance director at the time of observations and acknowledged by the administrator at the exit conference on 08/31/12 at 1:30 p.m.</p> <p>3.1-19(b) 3.1-19(ff)</p> <p>2. Based on observation and interview, the facility failed to ensure 4 of 78 first floor rooms were sprinklers with the same temperature classification which operate in a timely manner and achieve effective fire control. NFPA 13, Table 3-2.5.1 rates sprinklers with temperature ratings between 135 and 170 degrees Fahrenheit (F) as Ordinary and sprinklers with temperature ratings between 175 and 225 degrees F as Intermediate. NFPA 13, 1999 Edition, Standard for the Installation of Sprinkler Systems, 5-1.1 states the requirements for spacing, location, and position of sprinklers shall be based on the</p>		<p>in elevatormaintenance room. The lightfixtures identified in resident rooms 10,11,12,13,14,15,16,17,and 18 will beremoved to allow for full sprinkler coverage. Sprinkler heads in Hall 4 soiled linen room, Main diningroom and Dietary Manager's office will be replaced with 160 degree matchingsprinkler heads. The sprinklerheads in kitchen will be replaced with 212 degree matching sprinklerheads. The Maintenance Directorwill oversee the installation of the sprinkler heads and the removal of thelight fixtures. IV. The Maintenance Director will overseethe installation of sprinkler heads and the removal of the light fixtures. The Maintenance Director will monitorthe sprinkler system during daily rounds and continue with scheduled sprinklersystem inspections. TheMaintenance Director will report the findings of audits and inspections to theQuality Assurance Committee quarterly. V. Completion Date: September 30, 2012</p>				

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	<p>following principles: (3) Sprinklers positioned and located as sprinklers with temperature to provide satisfactory performance with respect to activation time and distribution. This deficient practice could affect 45 residents who use the main dining room and 36 residents who reside on Hall 4.</p> <p>Findings include:</p> <p>Based on observations on 08/31/12 during a tour of Hall 4 with the maintenance director from 11:30 a.m. to 12:40 p.m., the following locations had Ordinary rated sprinklers and Intermediate rated sprinklers in the same rooms:</p> <p>a. The Hall 4 soiled linen room had one red liquid filled Ordinary rated sprinkler (160 degrees F) and one metal Intermediate rated sprinkler (212 degree F).</p> <p>b. The main dining room had six red liquid filled Ordinary rated sprinklers (160 degree F) and six metal Intermediate rated sprinklers (212 degree F).</p> <p>c. The dietary manager office had one red liquid filled Ordinary rated</p>						

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	<p>sprinkler (160 degree F) and one metal Intermediate rated sprinkler (212 degree F).</p> <p>d. The kitchen had two red liquid Ordinary rated sprinklers (160 degree F) and fourteen metal Intermediate rated sprinklers (212 degree F) throughout the remaining portion of the kitchen. The sprinkler temperature rating was verified by the maintenance director at the time of observations and verified by observing spare sprinklers in the spare sprinkler cabinet located in the outside sprinkler riser room. The lack of sprinklers with the same temperature classification throughout the Hall 4 soiled linen room, main dining room, dietary manager office, and kitchen was acknowledged by the administrator at the 1:30 p.m. exit conference on 08/31/12.</p> <p>3.1-19(b)</p>						